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### FEC FORM 3P

# REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full	, type or print)	Evample: I	f typing, type over th	ne lines 12FE4	M5			
Willie Wilson 2016		Example. 1	r typing, type over til	le illes.				
VVIIIC VVIISOIT 2010								
ADDRESS (number and street)) 345	E. Wacker Unit 4601							
Check if different   than previously  Check if different   than previously  Check if different   Check if differe	icago		, , , IL ,	60601				
reported. (ACC	CITY	,	STATE		CODE			
2. FEC IDENTIFICATION NUMBER			THIS REPORT IS					
4. TYPE OF REPORT (Choose Or	e)		Check here if the	nis is a Termination F	Report (TER) X			
Quarterly Reports	<u>i</u>		Monthly F	Reports:				
April 15 (Q1) October 15 (	Q3)	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11)			
July 15 (Q2) January 31 Y	ear-End Report (YE)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12)			
		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10))	Jan 31 (YE)			
on M M / D D / Y O D D / Y	on in the State of							
5. Covering Period 03	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	03 / 31	2016				
I certify that I have examined this Re	port and to the best of m	y knowledge and b	elief it is true, correc	and complete.	_			
Type or Print Name of Treasurer	dre Fair							
Signature of Treasurer  Andre Fair		[Electronical	ly Filed] Date	M M / D D D 0	2016			
NOTE: Submission of false, erroneous All pr	or incomplete information evious versions of this form				2 U.S.C. §437g.			
Office Use Only								

FEC Form 3P (Rev. 03/2011)  /rite or Type Committee Name	PAGE 2 / 44
Willie Wilson 2016  eport Covering the Period: From: 03 / 01 / 2016	To: 03 / 31 / 2016
JMMARY	
CASH ON HAND AT BEGINNING OF REPORTING PERIOD	8803.84
TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	62188.70
SUBTOTAL (Lines 6 and 7)	70992.54
TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	55036.00
CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8	15956.54
DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	
DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE	, , , , , , , , , , , , , , , , , , , ,
(Itemize All on Schedule C-P or Schedule D-P)	1055100.00
EXPENDITURES SUBJECT TO LIMITATION	
ET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AN	ND EXPENDITURES
NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	35390.25
NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	
(Gabitaot Eino 25a, Goldini B non 26, Goldini B, Fago 2)	1041183.71

#### **DETAILED SUMMARY PAGE**

Report Covering the Period: From:

Of Receipts

PAGE 3 / 44

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date						
. FEDERAL FUNDS (Itemize on Schedule A-P)	DERAL FUNDS (Itemize on Schedule A-P)							
CONTRIBUTIONS (other than loans) FROM:     (a) Individuals/Persons Other Than Political Committees	, , , , , , , , , , , , , , , , , , , ,	0.00						
(i) itemized	1983.00	28685.00						
(ii) unitemized	348.25	6705.25						
(iii) Total contributions	2331.25	35390.25						
(b) Political Party Committees	0.00	0.00						
(c) Other Political Committees	0.00	0.00						
(d) The Candidate	0.00	0.00						
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	2331.25	35390.25						
TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00						
LOANS RECEIVED:								
(a) Loans Received From or Guaranteed by Candidate	50000.00	1055100.00						
(b) Other Loans	0.00	0.00						
(c) TOTAL LOANS (Add 19(a) and 19(b)	50000.00	1055100.00						
. OFFSETS TO EXPENDITURES								
(Refunds, Rebates, etc.): (a) Operating	9857.45	9931.40						
(b) Fundraising	0.00	0.00						
(c) Legal and Accounting	0.00	0.00						
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	9857.45	9931.40						
. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00						
TOTAL RECEIPTS								
(Add 16, 17(e), 18, 19(c), 20(d) and 21)	62188.70	1100421.65						

(Attach List) .....

**DETAILED SUMMARY PAGE** PAGE 4 / 44 FEC Form 3P (Rev. 03/2011) of Disbursements and Contributed Items NAME OF COMMITEE (in Full) Willie Wilson 2016 03<sup>M</sup> 01 М 03 2016 2016 Report Covering the Period: To: From: **COLUMN A COLUMN B** II. DISBURSEMENTS **Total This Period** Calendar Year-to-Date 23. OPERATING EXPENDITURES...... 55036.00 1051115.11 24. TRANSFERS TO OTHER **AUTHORIZED COMMITTEES** 0.00 0.00 0.00 0.00 25. FUNDRAISING DISBURSEMENTS ... 26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS..... 0.00 0.00 27. LOAN REPAYMENTS MADE: Repayments of Loans made or Guaranteed by Candidate..... 0.00 0.00 (b) Other Repayments ..... 0.00 0.00 TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))..... 0.00 0.00 28. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees..... 0.00 0.00 (b) Political Party Committees...... 0.00 0.00 (c) Other Political Committees ....... 0.00 0.00 TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) ..... 0.00 0.00 OTHER DISBURSEMENTS ..... 33350.00 0.00 TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) ..... 55036.00 1084465.11 III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.) 31. ITEMS ON HAND TO BE LIQUIDATED

0.00

FEC FORM 3P, Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

# ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (	in full, type or print)	2. FEC I	DENT	TIFIC/	ATIO	N N	UME	BER		C	;	C00	5779	16		
Willie Wilson 2016																
ADDRESS (number and street)	345 E. Wacker Unit 4601															
	Chicago	CITY				Ш		LL STA	 TE		606	601 	Z	IP C	 E	
3. NAME OF CANDIDATE			1 1	1 1				1 1								

#### **ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

Image# 201606099017492568 PAGE 7 / 44

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

FOR LINE NUMBER: PAGE 8 / 44 Use separate schedule(s) (check only one) for each category of the 16 |**X**| 17a 17b 17c 17d Detailed Summary Page

18

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rev. Joseph L. Henry		Transaction ID: A515D1DDB28CC45A5AF8  Date of Receipt					
Mailing Address 2021 W. 171st Street							
City Hazel Crest	State Zip Code IL 60429-1304						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer Omega Missionary Baptist Church	Occupation Pastor	25.00					
Receipt For: 2016  ✓ Primary General  Other (specify) ▼	Election Cycle-to-Date ▼  250.00	Memo Item					
Full Name (Last, First, Middle Initial) Gary Partee		Transaction ID : AABC5B73588294359A9/ Date of Receipt					
Mailing Address		03					
City	State Zip Code						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer Retired	Occupation Information Requested	200.00					
Receipt For: 2016  Primary General  Other (specify) ▼	Election Cycle-to-Date   220.00	Memo Item					
Full Name (Last, First, Middle Initial) Diann Williams Baker		Transaction ID: A8E0583A136F048D5930 Date of Receipt					
Mailing Address 1936 S. 12th Ave		03 05 2016					
City Maywood	State Zip Code IL 60153-3120						
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer Omar Medical Supplies	Occupation Sales	25.00					
Receipt For: 2016  ✓ Primary General  Other (specify) ▼	Election Cycle-to-Date  370.00	Memo Item					
Subtotal Of Receipts This Page (o	ptional)	250.00					
Takal This Davied (last as as this live	e number only)						

FOR LINE NUMBER: PAGE 9 / 44 Use separate schedule(s) (check only one) for each category of the 16  $|X|_{17a}$ 17b 17c 17d 18 Detailed Summary Page 19b

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Full Name (Last, First, Middle Initial)  Janette Wilson		Transaction ID : A84874B5F48E04E60B92  Date of Receipt
Mailing Address 3810 Streamwood		03 07 2016
City Hazel Crest	State Zip Code IL 60429-2454	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Cook County Government	Occupation Admin Analyst	500.00
Receipt For: 2016  X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	Memo Item
Full Name (Last, First, Middle Initial) Andre Harrison		Transaction ID: A296B45080B28468DB0A Date of Receipt
Mailing Address 5839 Woodgate Dr		03
City Matteson	State Zip Code IL 60443-1140	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Self Employed	Occupation Information Requested	100.00
Receipt For: 2016  Primary General  Other (specify) ▼	Election Cycle-to-Date    300.00	Memo Item
Full Name (Last, First, Middle Initial) Rev. Joseph L. Henry		Transaction ID : A21E0CEE53EAE463B9F Date of Receipt
Mailing Address 2021 W. 171st Street		03 07 2016
City Hazel Crest	State Zip Code IL 60429-1304	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Omega Missionary Baptist Church	Occupation Pastor	25.00
Receipt For: 2016   ✓ Primary General  Other (specify) ▼	Election Cycle-to-Date  275.00	Memo Item
Subtotal Of Receipts This Page (op	tional)	625.00
		7

FOR LINE NUMBER: PAGE 10 / 44 Use separate schedule(s) (check only one) for each category of the 16 |**X**| 17a 17b 17c 17d 18 Detailed Summary Page 19b

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Full Name (Last, First, Middle Initial) Diann Williams Baker		Transaction ID : A4495D6326B4E4B9AB9E  Date of Receipt
Mailing Address 1936 S. 12th Ave		03 07 2016
City Maywood	State Zip Code IL 60153-3120	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Omar Medical Supplies	Occupation Sales	608.00
Receipt For: 2016  ☐ Primary ☐ General  Other (specify) ▼	Election Cycle-to-Date ▼  978.00	Memo Item
Full Name (Last, First, Middle Initial) Michael Thompson		Transaction ID : A383E13F15E8C449EB10 Date of Receipt
Mailing Address 4 Bridget CT		03 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Burr Ridge	State Zip Code IL 60527-7945	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer Information Requested	Occupation Information Requested	500.00
Receipt For: 2016  Primary General  Other (specify) ▼	Election Cycle-to-Date   500.00	Memo Item
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Election Cycle-to-Date	Memo Item
Subtotal Of Receipts This Page	(optional)	1108.00
	line number only)	, , ,

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)					Р	AGE	11 /	44		
	16		17a		17b		17c		17d	18
X	19a		19b		20a		20b		20c	2

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NAME OF COMMITTEE (In Full)

Willie Wilson 2016					
L. Full Name (Last, First, Middle Initial) Dr. Willie Wilson		Transaction ID : AC9AC7369E8374F2BAAE  Date of Receipt			
Mailing Address 345 E. Wacker Unit 4601		03 14 2016			
City Chicago	State Zip Code IL 60601-5275	- Loan			
FEC ID number of contributing federal political committee.	C P60007515	Amount of Each Receipt this Period			
Name of Employer Omar Medical Supplies	Occupation Owner	50000.00			
Receipt For: 2016  ✓ Primary General  Other (specify) ▼	Election Cycle-to-Date ▼  1055100.00	Memo Item			
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address		M M / D D / Y Y Y Y			
City	State Zip Code				
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
Name of Employer	Occupation	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Election Cycle-to-Date				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address		M M / D D / Y Y Y Y			
City	State Zip Code				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer	Occupation				
Receipt For:  Primary General  Other (specify) ▼	Election Cycle-to-Date	Memo Item			
Subtotal Of Receipts This Page (option	onal)	50000.00			
Total This Period (last page this line n	50000.00				

FOR LINE NUMBER: PAGE 12 / 44 Use separate schedule(s) (check only one) for each category of the 16 17a 17b 17c 17d 18 Detailed Summary Page 19a 19b

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Willie Wilson 2016		
A. Full Name (Last, First, Middle Initial) Bank of America		Transaction ID : A8EBF0DAF78444C30A98  Date of Receipt
Mailing Address P.O. BOX 851001		03 31 2016
City Dallas	State Zip Code TX 75285-1001	Refund from Bank of America
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	4923.84
Receipt For: 2016  ✓ Primary General  Other (specify) ▼	Election Cycle-to-Date ▼ 9857.45	Memo Item
Full Name (Last, First, Middle Initial) Bank of America	1	Transaction ID : A9882FF53527E4117887 Date of Receipt
Mailing Address P.O. BOX 851001	03 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Dallas	State Zip Code TX 75285-1001	Refund from Bank of America
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	4933.61
Receipt For: 2016  ✓ Primary General  Other (specify) ▼	Election Cycle-to-Date 4933.61	Memo Item
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M   M / D   D / Y   Y   Y   Y
City	State Zip Code	
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Election Cycle-to-Date	Memo Item
Subtotal Of Receipts This Page (option	nal)	9857.45
Total This Period (last page this line n	umber only)	9857.45

SCHE	DULE	B-P			
ITEMI	7FD Γ	ISRI	IRSE	MEN.	TS

FOR LINE NUMBER: PAGE 13 / 44 Use separate schedule(s) (check only one) for each category of the X 23 24 25 26 27a Detailed Summary Page 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full) Willie Wilson 2016 Full Name (Last, First, Middle Initial) Date of Disbursement A. Faith Based Communication Inc Mailing Address 2250 S 14th Avenue 01 03 2016 City State Zip Code Transaction ID: B0656510A2DB1464EB35 IL Broadview 60155-4002 Purpose of Disbursement Media Amount of Each Disbursement this Period Candidate Name Category/ 10000.00 Type Disbursement For: 2016 Office Sought: House Memo Item Primary General Senate Other (specify) President District: Full Name (Last, First, Middle Initial) Paypal Date of Disbursement Mailing Address 2221 North First Street 03 01 2016 City State Zip Code Transaction ID: BC3E17E575A574419BD1 San Jose 95131-2021 CA Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ 1.03 Type Disbursement For: 2016 Office Sought: House Memo Item Primary General Senate President Other (specify) District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Paypal Mailing Address 2221 North First Street 03 01 2016 City State Zip Code Transaction ID: BF5195C8170194A7096D CA 95131-2021 San Jose Purpose of Disbursement fees Amount of Each Disbursement this Period Candidate Name Category/ 0.45 Type Office Sought: Disbursement For: 2016 House Memo Item Senate Primary General President Other (specify) State: District: Subtotal Of Receipts This Page (optional)..... 10001.48 Total This Period (last page this line number only)).....

SCHEDULE E	3-P
ITEMIZED DI	SBURSEMENTS

FOR LINE NUMBER: PAGE 14 / 44 Use separate schedule(s) (check only one) for each category of the X 23 24 25 26 27a Detailed Summary Page 27b 28a 28b 28c 29

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Willie Wilson 2016 Full Name (Last, First, Middle Initial) Date of Disbursement A. Rickey Hendon Mailing Address 2800 W. Washington Unit 202 01 03 2016 City State Zip Code Transaction ID: B36EDA6DD94464AD4A45 IL Chicago 60612-1940 Purpose of Disbursement Campaign Consulting Amount of Each Disbursement this Period Candidate Name Category/ 6000.00 Type Disbursement For: 2016 Office Sought: House Memo Item Primary General Senate Other (specify) President District: Full Name (Last, First, Middle Initial) Terrell Wilson Date of Disbursement Mailing Address 123 Lester Road 03 01 2016 City State Zip Code Transaction ID: B80F8D3C35CED4877B45 Park Forest 60466-2011 Purpose of Disbursement Campaign Consulting Amount of Each Disbursement this Period Candidate Name Category/ 1018.36 Type Disbursement For: Office Sought: 2016 House Memo Item Primary General Senate President Other (specify) District: Full Name (Last, First, Middle Initial) c. Betty Jones Date of Disbursement Mailing Address 301 West Marquette Road 03 01 2016 Apt# 107 City Zip Code State Transaction ID: B2281A0BC79FF4A44953 Chicago IL 60621-3891 Purpose of Disbursement Travel Amount of Each Disbursement this Period Candidate Name Category/ 400.00 Type Office Sought: Disbursement For: 2016 House Memo Item Senate Primary General President Other (specify) State: District: Subtotal Of Receipts This Page (optional)..... 7418.36 Total This Period (last page this line number only)).....

SC	HEDU	LE B-F	•	
ITI	-MIZFI	DISB	URSEM	IENTS

FOR LINE NUMBER: PAGE 15 / 44 Use separate schedule(s) (check only one) for each category of the X 23 24 25 26 27a Detailed Summary Page 27b 28a 28b 28c 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Willie Wilson 2016 Full Name (Last, First, Middle Initial) Date of Disbursement Terrell Wilson Mailing Address 123 Lester Road 02 03 2016 City State Zip Code Transaction ID: B1E4A343010C8472D93F IL Park Forest 60466-2011 Purpose of Disbursement Campaign Consulting Amount of Each Disbursement this Period Candidate Name Category/ 1300.32 Type Disbursement For: 2016 Office Sought: House Memo Item Primary General Senate Other (specify) President District: Full Name (Last, First, Middle Initial) Louis Young Date of Disbursement Mailing Address 530 Piedmont 03 02 2016 Suite#114 City State Zip Code Transaction ID: BA4827F604D2E439EB3E 30308-4404 Atlanta GΑ Purpose of Disbursement Convention space Amount of Each Disbursement this Period Candidate Name Category/ 850.00 Type Office Sought: Disbursement For: 2016 House Memo Item Primary General Senate President Other (specify) District: Full Name (Last, First, Middle Initial) c. Gossip Genie, LLC Date of Disbursement Mailing Address 1546 N. Orleans #1006 03 02 2016 City State Zip Code Transaction ID: BC042A51C14E842B4A39 Chicago IL 60610-2490 Purpose of Disbursement Consulting: Advertising & PR Amount of Each Disbursement this Period Candidate Name Category/ 2000.00 Type Office Sought: Disbursement For: 2016 House Memo Item Senate Primary General President Other (specify) State: District: Subtotal Of Receipts This Page (optional)..... 4150.32 Total This Period (last page this line number only)).....

SC	HEDU	LE B-F	•	
ITI	-MIZFI	DISB	URSEM	IENTS

FOR LINE NUMBER: PAGE 16 / 44 Use separate schedule(s) (check only one) for each category of the X 23 24 25 26 27a Detailed Summary Page 28a 28b 28c 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Willie Wilson 2016 Full Name (Last, First, Middle Initial) Date of Disbursement A. Ringold Financial Management Services Mailing Address 850 S. Wabash #320 02 03 2016 City State Zip Code Transaction ID: BCFB4B772E77A47D2B20 IL Chicago 60605-3642 Purpose of Disbursement Accounting Services Amount of Each Disbursement this Period Candidate Name Category/ 2600.00 Type Disbursement For: 2016 Office Sought: House Memo Item Primary General Senate Other (specify) President District: Full Name (Last, First, Middle Initial) B. Authorize.Net (Utah) Date of Disbursement Mailing Address P.O. Box 947 03 03 2016 City State Zip Code Transaction ID: B378DC8FE1DC0467F82C 84003-0947 American Fork UT Purpose of Disbursement Payment Processing Fee Amount of Each Disbursement this Period Candidate Name Category/ 25.00 Type Disbursement For: Office Sought: 2016 House Memo Item Primary General Senate President Other (specify) District: Full Name (Last, First, Middle Initial) c. Metro Monitor Date of Disbursement Mailing Address 612 37th Street South 03 04 2016 City State Zip Code Transaction ID: B4E3BD5451AA74321901 AL 35222-3204 Birmingham Purpose of Disbursement TV News Monitoring Fee Amount of Each Disbursement this Period Candidate Name Category/ 350.00 Type Office Sought: Disbursement For: 2016 House Memo Item Senate Primary General President Other (specify) State: District: Subtotal Of Receipts This Page (optional)..... 2975.00 Total This Period (last page this line number only)).....

SCHEDULE B-P	
ITEMIZED DISBURSEMENTS	S

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)						PA	GE 1	7 / 4	14	
	X	23		24		25		26		27a
		27b		28a		28b		28c		29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

		urposes, other than u			to solicit contributions from such committee.
$\left. \right\rangle$	Willie Wilso	, ,			
Α.	Full Name (Last, Dawn Hend	First, Middle Initial) On			Date of Disbursement
	Mailing Address	901 Lake			03 04 7 2016
	City Oak Park		State Zip Code IL 60303-1000		Transaction ID : B3D6FD4AE4B99498285A
	Purpose of Disbu Campaign Consu	irsement ulting			Amount of Each Disbursement this Period
	Candidate Name		2040	Category/ Type	500.00
	Office Sought:	House Senate President	Disbursement For: 2016   ☐ Primary ☐ General  ☐ Other (specify) ▼	I	Memo Item
	•	District: First, Middle Initial)			
В.	Kashia Johi				Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Columbia		State Zip Code SC 29204		Transaction ID : BEE8012599C94453E857
	Purpose of Disbu Media	rsement			Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	1000.00
	Office Sought: State:	House Senate President District:	Disbursement For: 2016  ☐ Primary ☐ General  ☐ Other (specify) ▼	I	Memo Item
	Full Name (Last,	First, Middle Initial)			
C.	Terrell Wilso				Date of Disbursement  M M / D D / Y Y Y Y Y Y O Y O O O O O O O O O O O
	City Park Forest		State Zip Code IL 60466-2011		Transaction ID : B1C6DB9560F4F4CA38D5
	Purpose of Disbu Campaign Consu	irsement ulting			Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	1302.41
	Office Sought:	House Senate President	Disbursement For: 2016  Primary General Other (specify)	ı	Memo Item
	State: Subtotal Of Re	District:	(optional)		2802.41
					2002.41
l	iotai inis Perio	u (last page this	line number only))		P

SCHEDULE B-P	
ITEMIZED DISBURSE	<b>MENTS</b>

FOR LINE NUMBER: PAGE 18 / 44 Use separate schedule(s) (check only one) for each category of the Detailed Summary Page **X** 23 24 26 27a 25 27b 28a 28b 28c 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose

	, ,	urposes, other than ι	,		, , ,	to solicit contributions from such committee.
$\rangle$	Willie Wilson	, ,				
Α.	Full Name (Last, I	First, Middle Initial) sulting				Date of Disbursement
	Mailing Address 5	9249 S. Cicero #539				03 04 2016
	City Oak Lawn			p Code 0454-4924		Transaction ID : BE4FB094DED4246F1B71
	Purpose of Disbur Campaign Consu	rsement Ilting				Amount of Each Disbursement this Period
	Candidate Name		2016		Category/ Type	1500.00
	Office Sought: State:	House Senate President District:	Disbursement For: 2016  Primary Other (specify)	General		Memo Item
В.	Full Name (Last, I	First, Middle Initial) VR				Date of Disbursement
	Mailing Address 205 N. Michigan Ave.					03 04 2016
	City Chicago Purpose of Disbut Media	rsement		p Code 0601-5927		Transaction ID : B09E95501511D4123B28
	Candidate Name				Category/ Type	Amount of Each Disbursement this Period 7029.50
	Office Sought:	House Senate President District:	Disbursement For: 2016  Primary Other (specify)	General	,	Memo Item
		First, Middle Initial)				
C.	Paypal	2221 North First Stree				Date of Disbursement
		ZZZT NOITITTIST STEE				03 05 2016
	City San Jose		State Zip Code CA 95131-2		Transaction ID : B4253724B4F6A4F0A9B5	
Purpose of Disbursement fees  Candidate Name						Amount of Each Disbursement this Period
	Office Sought:	House	Disbursement For: 2016	Category/ Type	1.03	
	State:	Senate President District:	Primary Other (specify)	General		Memo Item
			optional)			8530.53
I	Total This Perio	od (last page this l	ine number only))			

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FOR LINE NUMBER: PAGE 19 / 44 Use separate schedule(s) (check only one) for each category of the 27a 23 24 25 26 Detailed Summary Page 28a 28b 28c 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Willie Wilson 2016 Full Name (Last, First, Middle Initial) A. First Community Financial Bank Date of Disbursement Mailing Address 14150 U.S. 30 07 03 2016 City State Zip Code Transaction ID: B177797B5B92348FC9D6 IL Plainfield 60544 Purpose of Disbursement Paid item fees Amount of Each Disbursement this Period Candidate Name Category/ 64.00 Type Disbursement For: 2016 Office Sought: House Memo Item Primary General Senate Other (specify) President District: Full Name (Last, First, Middle Initial) B. ABC National Sales Date of Disbursement Mailing Address 4100 City Ave 03 07 2016 City State Zip Code Transaction ID: B1F009BC5358F4A9C806 Philadelphia 19131-1610 PΑ Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ 7862.50 Type Disbursement For: Office Sought: House Memo Item Primary General Senate President Other (specify) District: Full Name (Last, First, Middle Initial) c. First Community Financial Bank Date of Disbursement Mailing Address 14150 U.S. 30 03 07 2016 City State Zip Code Transaction ID: BB5C0AB8959324D6A94C IL 60544 Plainfield Purpose of Disbursement Overdraft fee Amount of Each Disbursement this Period Candidate Name Category/ 5.00 Type Office Sought: Disbursement For: 2016 House Memo Item Senate Primary General President Other (specify) State: District: Subtotal Of Receipts This Page (optional)..... 7931.50 Total This Period (last page this line number only)).....

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Use separate schedule(s) for each category of the Detailed Summary Page

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	X	23	24		25		26 27a				
		27b	28a		28b		28c		29		

						o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE	(In Full)				
$ \;\rangle$	Willie Wilson 20	16				
_						
_	Full Name (Last, First, I	Middle Initial)				Date of Disbursement
A.	Paypal					
	Mailing Address 2221 N	North First Street				03 07 7 2016
	City		State	Zip Code		Transaction ID : BC2B8AE5A47254CBBB60
	San Jose		CA	95131-2021		
	Purpose of Disburseme fees	ent				
						Amount of Each Disbursement this Period
	Candidate Name				Category/	0.59
	Office Sought:	House D	isbursement For: 2	2016	Type	Memo Item
		Senate	Primary	General		Memo item
		President	Other (spec			
	State: Distri	ict:				
	Full Name (Last, First, I	Middle Initial)				
В.	Kashia Johnson	1				Date of Disbursement
						M M / D D / Y Y Y
	Mailing Address 3327	W. Beltine				03 08 2016
	City		State	Zip Code		
	Columbia		SC	29204		Transaction ID : BE25638CB28554588853
	Purpose of Disburseme	ent				
	Media					Amount of Each Disbursement this Period
	Candidate Name				Category/	1000.00
					Туре	1000.00
			isbursement For:			Memo Item
		Senate	Primary Other (analy	General		
	State: Distri	President	Other (spec	city) 🔻		
	Full Name (Last, First, I					
_	Rickey Hendon	ivildalo il ilitali,				Date of Disbursement
C.	Nickey Heridon					M M / D D / Y Y Y
	Mailing Address 2800 \	W. Washington Unit	202			03 08 2016
	Chicago		State Zip C			Transaction ID : BC7E3076E72B2482EBA5
	Chicago  Purpose of Disburseme	ent	IL 606	2-1940		Transaction ib . Bor Estre 1252-1022-BAS
	Campaign Consulting					Amount of Each Disbursement this Period
	Candidate Name				Category/	Amount of Each Bisbarsement this Ferrod
					Type	6000.00
	Office Sought:	House D	isbursement For: 2	2016		Memo Item
		Senate	<b>X</b> Primary	General		
		President	Other (spec	cify) ▼		
	State: Distri	ict:				
	Subtotal Of Receipts	s This Page (opti	onal)			7000.59
		- 5- (-6.	,			7000.59
	Total This Period (la	st nage this line	number only))			
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FOR LINE NUMBER: PAGE 21 / 44 Use separate schedule(s) (check only one) for each category of the **X** 23 24 26 27a 25 Detailed Summary Page 27b 28a 28b 28c 29

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$\overline{}$	NAME OF COMM		ising the name and address of any poil	ticai committee i	to solicit contributions from such committee.
$\rangle$	Willie Wilson	, ,			
	Full Name (Last, I	irst, Middle Initial)			
A.	First Comm	unity Financial	Date of Disbursement		
	Mailing Address	14150 U.S. 30			03 / 11 / 2016
	City Plainfield		State Zip Code IL 60544		Transaction ID : B8FBEEACCDD5B450AB/
	Purpose of Disbu Charge back fee	rsement for 50k check			Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	5.00
	Office Sought:	House Senate President	Disbursement For: 2016  X Primary General Other (specify) ▼	,,	Memo Item
	State: Full Name (Last, I	District: First, Middle Initial)			
	Morris Cons				Date of Disbursement
	Mailing Address	9249 S. Cicero #539			03 / 14 / 2016
	City		State Zip Code		Transaction ID : B6EF30635FB7942C4B88
	Oak Lawn		IL 60454-4924		Transaction 15 : 2021 000001 270 120 1200
	Purpose of Disbur Consulting Fees	rsement Travel			
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought:	House Senate President District:	Disbursement For: 2016    X   Primary   General     Other (specify)   \( \psi \)	7/	Memo Item
	Full Name (Last, I	First, Middle Initial)			
Э.	Victory Rese	earch			Date of Disbursement
	Mailing Address				03 / D D / Y Y Y Y 1
	City		State Zip Code		
	Westmont		IL 60559		Transaction ID: B7CF7F546536B4CA19FF
	Purpose of Disbu Research Consul	rsement ting			Amount of Each Disbursement this Period
	Candidate Name			Category/ Type	922.89
	Office Sought: State:	House Senate President District:	Disbursement For: 2016    X   Primary		Memo Item
	Ciaic.	District.	l .		
;	Subtotal Of Red	ceipts This Page	(optional)		1095.89
	Tatal This D. I	.al /la.ak	in a musikan arati AV	,	
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FOR LINE NUMBER: PAGE 22 / 44 Use separate schedule(s) (check only one) for each category of the X 23 24 25 26 27a Detailed Summary Page 27b 28a 28b 28c 29

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Willie Wilson 2016 Full Name (Last, First, Middle Initial) Date of Disbursement A. SPD Press Mailing Address 1444 W. 37th Street 14 03 2016 City State Zip Code Transaction ID: BBC4A60347FBB4B8481A IL Chicago 60609-2112 Purpose of Disbursement Advertising Amount of Each Disbursement this Period Candidate Name Category/ 55.12 Type Disbursement For: 2016 Office Sought: House Memo Item Primary General Senate Other (specify) President District: Full Name (Last, First, Middle Initial) Paypal Date of Disbursement Mailing Address 2221 North First Street 03 14 2016 City State Zip Code Transaction ID: B05D1E3A0AC3242FBAAE San Jose 95131-2021 CA Purpose of Disbursement fees Amount of Each Disbursement this Period Candidate Name Category/ 14.80 Type Disbursement For: 2016 Office Sought: House Memo Item Primary General Senate President Other (specify) District: Full Name (Last, First, Middle Initial) c. Morris Consulting Date of Disbursement Mailing Address 9249 S. Cicero #539 03 22 2016 City State Zip Code Transaction ID: BCC34BA2C9DCB40BD965 IL 60454-4924 Oak Lawn Purpose of Disbursement Campaign Consulting Amount of Each Disbursement this Period Candidate Name Category/ 3000.00 Type Office Sought: Disbursement For: 2016 House Memo Item Senate Primary General President Other (specify) State: District: Subtotal Of Receipts This Page (optional)..... 3069.92 Total This Period (last page this line number only)).....

#### SCHEDULE B-P ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 23 / 44 Use separate schedule(s) (check only one) for each category of the X 23 24 25 26 27a Detailed Summary Page 28a 28b 28c 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Willie Wilson 2016 Full Name (Last, First, Middle Initial) Date of Disbursement A. First Community Financial Bank Mailing Address 14150 U.S. 30 23 03 2016 City State Zip Code Transaction ID: B2317F4D78F7F4E89B58 IL Plainfield 60544 Purpose of Disbursement Stop payment Fee Amount of Each Disbursement this Period Candidate Name Category/ 30.00 Type Disbursement For: 2016 Office Sought: House Memo Item Primary General Senate Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: Disbursement For: House Memo Item General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: Disbursement For: House Memo Item Senate Primary General President Other (specify) State: District: Subtotal Of Receipts This Page (optional)..... 30.00 Total This Period (last page this line number only))..... 55006.00

## SCHEDULE C-P

Use separate schedule(s) for each category of

PAGE 24 / 44

**LOANS** the Detailed Summary Page FOR LINE NUMBER: **X** <sub>19a</sub> (check only one) Transaction ID: C7458D54E6F034E64B03 NAME OF COMMITTEE (In Full) Willie Wilson 2016 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item | Primary Dr. Willie Wilson General Mailing Address Other (specify) 345 E. Wacker Unit 4601 ZIP Code City State 60601-5275 Chicago IL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 M 02M 2016 <sup>M</sup>02 <sup>M</sup> <sup>D</sup>29<sup>D</sup> 300.00 2016 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding:

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

25000.00

### SCHEDULE C-P

Use separate schedule(s) for each category of

PAGE 25 / 44

**LOANS** the Detailed Summary Page FOR LINE NUMBER: **X** <sub>19a</sub> (check only one) Transaction ID: CEF8421D60BAE401B8F8 NAME OF COMMITTEE (In Full) Willie Wilson 2016 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item | Primary Dr. Willie Wilson General Mailing Address Other (specify) 345 E. Wacker Unit 4601 ZIP Code City State 60601-5275 Chicago IL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 40000.00 0.00 40000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 22<sup>D</sup> M 09M 2015 M09 M <sup>D</sup>22<sup>D</sup> 300.00 2016 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: Subtotal Of Receipts This Page (optional)..... 40000.00 Total This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: **X** <sub>19a</sub> (check only one) Transaction ID: C4804906CC4544DB0BB2 NAME OF COMMITTEE (In Full) Willie Wilson 2016 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item | Primary Dr. Willie Wilson General Mailing Address Other (specify) 345 E. Wacker Unit 4601 ZIP Code City State 60601-5275 Chicago IL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01 <sup>M</sup> <sup>D</sup> 12<sup>D</sup> 2016 M01 M ž017 300.00 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding:

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

25000.00

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: X 19a 19b

Transaction ID : CD33FEF167F914A9EA26

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Dr. Willie Wilson	Middle Initial)	Memo Item Election: 2016  Primary  General
Mailing Address 345 E. Wacker Unit 4601		Other (specify) ▼
City	State	ZIP Code
Chicago	IL	60601-5275
Original Amount of Loan	Cumulative Payn	ent To Date Balance Outstanding at Close of This Perio
20000.00		0.00 20000.00
TERMS  Date Incurred	Г	ate Due Interest Rate Secured:
M 07 <sup>M</sup> / D 06 <sup>D</sup> / Y 2015 Y	M07 M / D06 D	y Ž016 y 300.00 % (apr) Yes X N
List All Endorsers or Guarantors (if	any) to Loan Sou	rce
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City Stat	e ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City Stat	e ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City Stat	e ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City Stat	e ZIP Code	Guaranteed Outstanding:
ubtotal Of Receipts This Page (option	nal)	20000.00
otal This Period (last page this line no	imber only)	
nai iiiis reiiou (iasi page tilis iine ni	amber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 28 / 44

FOR LINE NUMBER: **X** <sub>19a</sub> (check only one) Transaction ID: C256CAA590DFF4E87827 NAME OF COMMITTEE (In Full) Willie Wilson 2016 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item | Primary Dr. Willie Wilson General Mailing Address Other (specify) 345 E. Wacker Unit 4601 ZIP Code City State 60601-5275 Chicago IL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100000.00 0.00 100000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 10<sup>M</sup> 05 2015 M<sub>10</sub> M 05 300.00 2016 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed

Outstanding:

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 29 / 44 FOR LINE NUMBER: **X** <sub>19a</sub>

(check only one)

Transaction ID: C63BD7D6698F14BB3B2B NAME OF COMMITTEE (In Full)

<b>LOAN SOURCE</b> Full Nan Dr. Willie Wilson	ne (Last, First, Mi	ddle Initial)			Memo Item	Election: 2016  Primary General	
Mailing Address 345 E. Wacker Unit 4601						Other (specify)	
City Chicago		State IL	ZIP Co 60601-5				
Original Amount of Loan	50000.00	Cumulative Payr	ment To D	ate 0.00	Balanc	ce Outstanding at Close of This Peri	
Date Incurr		M M / D D	Date Due	n Ďemand <sup>Y</sup>	Interest Rate		
List All Endorsers or G  1. Full Name (Last, First,		y) to Loan Sou	urce	Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		, , , , , , ,	
2. Full Name (Last, First, I	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
3. Full Name (Last, First, I	Middle Initial)			Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
4. Full Name (Last, First, I	Middle Initial)			Name of Em	ployer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	
ubtotal Of Receipts This	Page (optional).				<b>-</b>	50000.00	
otal This Period (last pag	je this line numb	er only)					

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 30 / 44 FOR LINE NUMBER: **X** <sub>19a</sub>

NAME OF COMMITTEE (In Full)

Transaction ID: C43B8173ABB0F4FB88AA

(check only one)

/illie Wilson 2016			
LOAN SOURCE Full Name ( Dr. Willie Wilson	Last, First, Mid	dle Initial)	Memo Item Election: 2016  Primary
Dr. Wille Wilson			General
Mailing Address 345 E. Wacker Unit 4601			Other (specify) ▼
City		State ZIP	Code
Chicago		IL 606	01-5275
Original Amount of Loan		Cumulative Payment T	Date Balance Outstanding at Close of This Period
150	000.00	, , , , , , , , , , , , , , , , , , , ,	0.00 150000.00
TERMS  Date Incurred		Date D	ue Interest Rate Secured:
	Ž015 Y	12 03 7	y 2016 y 300.00
List All Endorsers or Guar	antors (if any	) to Loan Source	
1. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Mid	dle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
subtotal Of Receipts This Pa	ane (optional)		
antotal Of Hedelpta IIIIa Fo	y (optional)		150000.00
otal This Period (last page t	his line numbe	er only)	
•			7

4. Full Name (Last, First, Middle Initial)

Mailing Address

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:

**X** <sub>19a</sub> (check only one) Transaction ID: C2F0B174DB0BE4DBBBD1 NAME OF COMMITTEE (In Full) Willie Wilson 2016 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item | Primary Dr. Willie Wilson General Mailing Address Other (specify) 345 E. Wacker Unit 4601 ZIP Code City State 60601-5275 Chicago IL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: M 12<sup>M</sup> <sup>D</sup> 29<sup>D</sup> 2015 м<sub>1</sub> м <sup>D</sup>29<sup>D</sup> 300.00 2016 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding:

Name of Employer

Occupation

Use separate schedule(s) for each category of

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the Detailed Summary Page FOR LINE NUMBER: **X** <sub>19a</sub> (check only one) Transaction ID: C43A35BF5B85C40FC8E1 NAME OF COMMITTEE (In Full)

Willie Wilson 2016			
LOAN SOURCE Full Name (Last, F Dr. Willie Wilson	irst, Middle Initial)	Memo Item	Election: 2016  Primary  General
Mailing Address 345 E. Wacker Unit 4601			Other (specify) ▼
City	State ZIP Co	ode	
Chicago	IL 60601	-5275	
Original Amount of Loan	Cumulative Payment To	Date Baland	ce Outstanding at Close of This Period
100000.00		0.00	100000.00
Date Incurred  M 11 M / D 10 D / Y 2015	Date Due	Interest Rate	
List All Endorsers or Guarantors	(if any) to Loan Source		
1. Full Name (Last, First, Middle Ini	tial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	7
Subtotal Of Receipts This Page (op	otional)		100000.00
Total This Period (last page this line	number only)		7

## SCHEDULE C-P

Use separate schedule(s) for each category of

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**LOANS** the Detailed Summary Page FOR LINE NUMBER: **X** <sub>19a</sub> (check only one) Transaction ID: C864923645EFE4219A9D NAME OF COMMITTEE (In Full) Willie Wilson 2016 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item | Primary Dr. Willie Wilson General Mailing Address Other (specify) 345 E. Wacker Unit 4601 ZIP Code City State 60601-5275 Chicago IL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: M 12<sup>M</sup> <sup>D</sup> 30 2015 м<sub>1</sub> м <sup>D</sup>30<sup>D</sup> 300.00 2016 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: Subtotal Of Receipts This Page (optional)..... 50000.00 Total This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: X 19a 19b

NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Transaction ID : CDF976F5A83C4417DA53

<b>LOAN SOURCE</b> Full Name (Last, Find Dr. Willie Wilson	irst, Midd	le Initial)			Memo Item	Election: 2016  Primary
SI. Willie Wilderi						General
Mailing Address 345 E. Wacker Unit 4601						Other (specify) ▼
City	5	State ZI	P Code			
Chicago		IL 60	0601-527	5		
Original Amount of Loan	С	umulative Payment	t To Date		Balanc	ce Outstanding at Close of This P
30000.00			7	0.00	3 6	30000.00
TERMS  Date Incurred		Date	Due		Interest Rate	e Secured:
M 09 M / D 10 / Y 2015	Y MO			16 Y	300.0	
List All Endorsers or Guarantors	(if any)	to Loan Source	•			
1. Full Name (Last, First, Middle Ini-	tial)		N	ame of En	nployer	
Mailing Address			0	ccupation		
			Ar	nount		
City	State	ZIP Code		uaranteed utstanding	. L	7
2. Full Name (Last, First, Middle Initi	al)		N	ame of En	nployer	
Mailing Address			0	ccupation		
			Ar	mount		
City	State	ZIP Code	I .	uaranteed utstanding	. L	, , , , , , , , ,
3. Full Name (Last, First, Middle Initi	al)		N	ame of En	nployer	
Mailing Address			0	ccupation		
			Ar	mount		
City	State	ZIP Code		uaranteed utstanding	. L	7
4. Full Name (Last, First, Middle Initi	al)		N	ame of En	nployer	
Mailing Address			0	ccupation		
				mount		
City	State	ZIP Code		uaranteed utstanding	:	7 7 7
ubtotal Of Receipts This Page (op	otional)				•	30000.00
<i>z</i>						, ,

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| Y | 19a | 19b |

NAME OF COMMITTEE (In Full)
Willie Wilson 2016

(check only one) 19a 19b

Transaction ID: C37B5BB3BACAE43ADBB6

LOAN SOURCE Full Name	(Last, First, Mi	ddle Initial)	Memo Item Election: 2016    Frimary
Dr. Willie Wilson		Primary General	
Mailing Address 345 E. Wacker Unit 4601		Other (specify) ▼	
City		State ZI	<sup>2</sup> Code
Chicago		IL 60	601-5275
Original Amount of Loan		Cumulative Payment	To Date Balance Outstanding at Close of This F
	100.00	9	0.00
TERMS  Date Incurred		Date	Due Interest Rate Secured:
M 05 <sup>M</sup> / D 14 <sup>D</sup> / Y	ž015 <sup>Y</sup>	M M / D D /	On Ďemand 0.00 % (apr) Yes
List All Endorsers or Gu	arantors (if an	y) to Loan Source	
1. Full Name (Last, First, N	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
			Outstanding:
3. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, M	iddle Initial)		Name of Employer
Mailing Address			Occupation
011		710.0	Amount
City	State	ZIP Code	Guaranteed Outstanding:
ubtotal Of Receipts This	Page (optional)		100.00
otal This Period (last page			

Use separate schedule(s) for each category of the Detailed Summary Page

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the Detailed Summary Page FOR LINE NUMBER: **X** <sub>19a</sub> (check only one) Transaction ID: CF0B87667BCBA420D9F0 NAME OF COMMITTEE (In Full) Willie Wilson 2016 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item | Primary Dr. Willie Wilson General Mailing Address Other (specify) 345 E. Wacker Unit 4601 ZIP Code City State 60601-5275 Chicago IL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01 <sup>M</sup> <sup>D</sup> 22<sup>D</sup> 2016 <sup>M</sup>01 <sup>D</sup>22<sup>D</sup> 300.00 2016 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: Subtotal Of Receipts This Page (optional)..... 25000.00 Total This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: X 19a 19b

NAME OF COMMITTEE (In Full)

Willie Wilson 2016

Transaction ID : CCE33AC88DA49462E8F0

LOAN SOURCE F  Dr. Willie Wilson	ull Name (Last, First, M	liddle Initial)	Memo Item Election: 2016  Primary
			General
Mailing Address 345 E. Wacker Unit	4601		Other (specify)
City			ZIP Code
Chicago		IL 6	60601-5275
Original Amount of I	_oan	Cumulative Paymer	nt To Date Balance Outstanding at Close of This P
, , , ,	100000.00		0.00 100000.00
TERMS Date	e Incurred	Dat	re Due Interest Rate Secured:
<sup>M</sup> 07 <sup>M</sup> / <sup>D</sup> 21 <sup>D</sup>		<sup>M</sup> 07 <sup>M</sup> / <sup>D</sup> 21 <sup>D</sup>	/ Y Ž016 Y 300.00 % (apr) Yes ∑
List All Endorser	s or Guarantors (if a	ny) to Loan Source	;e
1. Full Name (Last	t, First, Middle Initial)		Name of Employer
Mailing Address	;		Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last,	First, Middle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last,	First, Middle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last,	First, Middle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
ubtotal Of Receipt	ts This Page (optional	l)	100000.00
/	9.1 P		
otal This Period (18	ast page this line num	ber only)	

## SCHEDULE C-P

Use separate schedule(s) for each category of

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**LOANS** the Detailed Summary Page FOR LINE NUMBER: **X** <sub>19a</sub> (check only one) Transaction ID: C068C97725DFD4D338E9 NAME OF COMMITTEE (In Full) Willie Wilson 2016 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item | Primary Dr. Willie Wilson General Mailing Address Other (specify) 345 E. Wacker Unit 4601 ZIP Code City State 60601-5275 Chicago IL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 70000.00 0.00 70000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01 <sup>M</sup> <sup>D</sup> 26 2016 <sup>M</sup>01 <sup>D</sup>26 2017 300.00 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: Subtotal Of Receipts This Page (optional)..... 70000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Total This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 39 / 44 FOR LINE NUMBER: **X** 19a

NAME OF COMMITTEE (In Full) ۷

(check only one) Transaction ID: CF04F64B43C8D4B44A88

LOAN SOURCE Full Nam Dr. Willie Wilson	e (Last, First, Mid	ddle Initial)	Memo Item Election: 2016  Primary  General
Mailing Address 345 E. Wacker Unit 4601			Other (specify) ▼
City		State ZIP	Code
Chicago		IL 606	01-5275
Original Amount of Loan		Cumulative Payment T	Date Balance Outstanding at Close of This Period
	70000.00		0.00 70000.00
Date Incurre	ed Ž016 <sup>Y</sup>	Date D	ue Interest Rate Secured:  Y Ž017 Y 300.00 % (apr) Yes X
List All Endorsers or G	uarantors (if an	y) to Loan Source	
1. Full Name (Last, First,	Middle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, N	Middle Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, N	Middle Initial)		Name of Employer
Mailing Address			Occupation
C:t.	04-4-	710.0-1-	Amount Guaranteed
City	State	ZIP Code	Outstanding:
4. Full Name (Last, First, N	Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
ubtotal Of Receipts This	Page (optional).		70000.00

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: **X** <sub>19a</sub> (check only one) Transaction ID: C9E900428BD3D4CD68F9 NAME OF COMMITTEE (In Full) Willie Wilson 2016 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item | Primary Dr. Willie Wilson General Mailing Address Other (specify) 345 E. Wacker Unit 4601 ZIP Code City State 60601-5275 Chicago IL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01 <sup>M</sup> 07 2016 M01 M <sup>D</sup>07<sup>D</sup> 2017 300.00 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: Subtotal Of Receipts This Page (optional)..... 5000.00 Total This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 41 / 44 FOR LINE NUMBER: **X** <sub>19a</sub>

(check only one)

Transaction ID: C4C671724E38B494C9D5 NAME OF COMMITTEE (In Full) Willie Wilson 2016 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item | Primary Dr. Willie Wilson General Mailing Address Other (specify) 345 E. Wacker Unit 4601 ZIP Code City State 60601-5275 Chicago IL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 20000.00 0.00 20000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: M 10<sup>M</sup> <sup>D</sup> 27<sup>D</sup> 2015 M<sub>10</sub> M 300.00 2016 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation

Amount Guaranteed City ZIP Code State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional)..... 20000.00 Total This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 42 / 44 FOR LINE NUMBER: **X** <sub>19a</sub>

(check only one)

Transaction ID: CC9AC7369E8374F2BAAE NAME OF COMMITTEE (In Full) Willie Wilson 2016 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item | Primary Dr. Willie Wilson General Mailing Address Other (specify) 345 E. Wacker Unit 4601 ZIP Code City State 60601-5275 Chicago IL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: M 03M <sup>D</sup> 14 2016 M03 M <sup>D</sup> 14 ž017 300.00 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer

Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding:

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

50000.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: X 19a 19b

NAME OF COMMITTEE (In Full)

(check only one) 19a 19b

Transaction ID : CB0C294386C204D94AB8

LOAN SOURCE Full Nan Dr. Willie Wilson	ne (Last, First, Mic	ddle Initial)	Memo Item Election: 2016  Primary  General	
Mailing Address 345 E. Wacker Unit 4601			Other (specify)	
City		State ZIF	Code	
Chicago		IL 600	01-5275	
Original Amount of Loan		Cumulative Payment	To Date Balance Outstanding at Close of This	Perio
7	50000.00		0.00 50000.00	
Date Incurr		Date	Y Y Y Y Y 300 00	×Ν
List All Endorsers or G	uarantors (if any	y) to Loan Source		
1. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	_
City	State	ZIP Code	Guaranteed Outstanding:	_
2. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	_
City	State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	7
City	State	ZIP Code	Guaranteed Outstanding:	4
4. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	]
ubtotal Of Receipts This	Page (optional).		50000.00	1
			7 7	_

## SCHEDULE C-P

Use separate schedule(s) for each category of

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**LOANS** the Detailed Summary Page FOR LINE NUMBER: **X** <sub>19a</sub> (check only one) Transaction ID: CD18D69B26195434285D NAME OF COMMITTEE (In Full) Willie Wilson 2016 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item | Primary Dr. Willie Wilson General Mailing Address Other (specify) 345 E. Wacker Unit 4601 ZIP Code City State 60601-5275 Chicago IL Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: M 08<sup>M</sup> <sup>D</sup> 27<sup>D</sup> 2015 M 80<sup>M</sup> 300.00 2016 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: Subtotal Of Receipts This Page (optional)..... 25000.00 Total This Period (last page this line number only)..... 1055100.00